

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/018224 FILING DATE	
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							
50							
TOTAL IND.	11		5				
TOTAL DEP.		7					
TOTAL CLAIMS		12					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							